



**Disaster Management and Research Foundation**

Regd No: Maharashtra/ 7825/ Nashik/ 2003

Identity Card size  
Photograph to be  
affixed here with  
cross signatures

Name in Full: -----

(First Name) (Middle Name) (Last Name)

Gender : M/F/ Other (Tick the appropriate)

Address (Present) : -----

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Address (Permt): -----

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Marital Status: Single/ Married (Tick the appropriate)

Contact Nos: Mob -----, Res ----- Office -----

Education Qualifications: -----

Blood Group: -----

Name and Address and Contact No of Next of Kin: -----

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Relationship with NOK: -----

Vehicle Type and No: -----

Adhaar Card No: ----- Driving License No: -----

PAN Card No: -----

Identification Mark: -----

Date: -----

Signature: -----

Signature of DiMaRF Admin Officer: ----- (Office Seal)

**Reverse Page**

**Pledge:**

I, -----, hereby affirm that I whenever I shall be called upon to work as a volunteer (or office bearer) by the President of DiMaRF or any authority on his behalf and whenever I join the assigned work; I shall work selflessly, without religious and caste bias, gender bias, regional and political bias to offer rescue and relief to the victims and will carry out all tasks as ordered by the official authority of DiMaRF. I shall behave with socio-cultural discipline and will abide by all legal provisions and will treat all members of DiMaRF, the government officials, members of other NGOs and the victims with courtesy.

**Indemnity Declaration**

I, -----, hereby declare and certify that while carrying out duties of rescue and/ or relief or preparations for the operations for DiMaRF, during, before or after the emergency arises; during Pre-Disaster Phase, During-Active Disaster Phase or Post-Disaster Phase; if I sustain injuries or loss of life and property/ money/ belongings, I or any of my relatives/ friends/ organization where I work or anyone with or without interest will not claim any compensation from Disaster Management and Research Foundation or any member of the organization or member of any other organization and will not file any legal complaint against the person, as the injury or death will be treated as part of exigencies of service that I have undertaken, and understood, voluntarily. Thus, I indemnify the organization DiMaRF, its members and members of any other organization from legal, socio-cultural and financial proceedings, for losses and injuries incurred in relation to any emergency actions undertaken by the organization. I also declare that I will abide by all safety measures recommended by the organization and will not take undue risks.

**Date:** -----

**Signatures:** -----

(Name: -----)

**Witnesses: 1. Signatures:** -----

( Name: -----)

**2. Signatures:** -----

(Name: -----)